| FINANCIAL DISCLOSURE STATEMENT For use by | FORM B For use by candidates and new employees | FEB 0 8 2013age 1 of 6 | 013age 1 of 6 |
|---|--|--|---------------------------|
| | | 2013 FEB 19 AM 9: 39 | AM 9: 39 |
| Name: Marshall C. Sanford Daytime Telephone: | one: | N.S. HOUSE OF REPRESENTATIVES | PRESENTATIVES |
| | | (Office Use Only) | nly) |
| Filer X Candidate for the State: SC Date of 3/19/1: Status New officer or Employing Office: | 3/19/13 Primary Check if 5/9/13 General Amendment | A \$200 penalty shall be assessed against any individual who files more than 30 days late. | be assessed ual who files |
| in all sections, please type or print clearly in blue or black ink. | | | |
| PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS | STIONS | | |
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes X No If yes, complete and attach Schedule I. | IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV. | efore the date r two years? Yes X | No □ |
| II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II. V. Did you with an out if yes, complete and attach Schedule II. | V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V. | angement Yes | No × |
| III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No X if yes, complete and attach Schedule III. | VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI. | 55,000 from Yes | N ₀ × |
| Each question in this part must be answered and the appropriate schedu | ate schedule attached for | le attached for each "Yes" response. | |
| EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — | ANSWER | EACH OF THESE QUESTIONS | ONS |
| TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? | ain other "excepted trusts" need no | t be Yes | No × |
| EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. | ons, or liabilities of a spouse or deled with the Committee on Ethics. | pendent child Yes | × × |
| | | | |

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Marshall C. Sanford

Page 2 of 6

| exceeding \$1,000. See examples below. | more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned incom | List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) tot |
|--|--|---|
| | er spouse | ernment) t |
| • | earned incor | otalling \$200 or |
| | Ħ | 읙 |

| Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefi | | ts received under the Social Security Act. | Security Act. |
|--|----------------|--|----------------|
| Source (include date of receipt for honoraria) | Type | Amount | unt |
| Course (include date of teceph in trotorials) | 1976 | Current Year to Filing | Preceding Year |
| XYZ Corporation, Houston, TX | Salary | \$6,300 | \$28,450 |
| First Bank & Trust, Houston, TX | Director's Fee | \$400 | \$3,200 |
| | Honorarium | 0 | \$1,000 |
| Harris County, Texas Public Schools | Spouse Salary | NA | NA |
| Fox News | Salary | \$8,125 | \$130,000 |
| Coastal Forest Resources | Director's Fee | \$2,535 | \$38,763 |
| Lending Tree | Director's Fee | \$12,500 | \$22,639 |
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| Scott Trade SC Deferred Comp. | UBS | Merrill Lynch | Bank of America | | Examples: | SP Mega Corp. Stock | provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits toraling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left. | | BLOCK A Asset and/or Income Source Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, oven if not exercised to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the |
|-------------------------------|----------|---------------|-----------------|---|------------|---------------------|--|-----------------------------|---|
| × | × | × | × | × | Indefinite | × | None 1 - \$1,000 1,001 - \$15,000 15,001 - \$50,000 50,001 - \$100,000 100,001 - \$250,000 250,001 - \$500,000 250,001 - \$1,000,000 1,000,001 - \$5,000,000 1,000,001 - \$5,000,000 25,000,001 - \$5,000,000 25,000,001 - \$50,000,000 25,000,001 - \$50,000,000 25,000,001 - \$50,000,000 25,000,001 - \$50,000,000 25,000,000 - \$50,000,000 25,000,000 - \$50,000,000 25,000,000 - \$50,000,000 25,000,000 - \$50,000,000 25,000,000 - \$50,000,000 | A B C D E F G H I J K L | BLOCK B Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None." |
| | | | | × | Royalties | × | ONE ONE ONITION RENT NTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST FAX-DEFERRED Other Type of Income Specify: e.g., Partnership Income or Farm Income) | | Type of Income Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "lax-Deferred" column. Dividends, interest, and capital gains, even interest, and capital gains, enterest, and capital gains, each satisfaction. |
| × | X N/A | × | × | × | × | X | None | Current Year Preceding Year | Amount of Income Amount of Income For assets for which you checked "Tax- Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated. |

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name Marshall C. Sanford

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Continuation Sheet (if needed)

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| | | | | | Big Tree Rd., LLC | Kings Plaza, LLC | Blind John, LLC | Smith Tract, LLC | Sanford Land Co. | Cotton Hope, LLC | Blue Creek Capital | Brick 21, LLC | | | Asset and/or income Source | BLOCK A |
| | | | | | | | | | | | | | None | > | | |
| | | | | | | | | | | | | | \$1 \$1,000 | æ | | |
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| | - | | | | | | × | | ļ <u> </u> | | | × | \$250,001 - \$500,000 | ଦ | > | × |
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| ∤ | | | | | | | | <u>×</u> | × | × | <u> </u> | | \$1,000,001 - \$5,000,000 | | œ | |
| | | <u> </u> | | <u></u> | | ļ | | | ļ | <u> </u> | | | \$5,000,001 - \$25,000,000 | <u> </u> | | |
| | | | | | <u> </u> | | | <u> </u> | - | ļ | | ļ, | \$25,000,001 - \$50,000,000 | | | |
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| | | <u> </u> | | ļ | | | | | | - | <u> </u> | | CAPITAL GAINS | | 9 | BLOCK C |
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| | | <u> </u> | | | | ļ | | | | ļ <u> </u> | <u> </u> | | IAX-DEFERRED | | 8 | C |
| | | | | | Farm | | | Farm | Farm | Farm | | | Other Type of Income (Specify: e.g., Partnership Income or Farm Income) | | Type of Income | |
| | | | | | × | × | | × | × | × | × | | None | | | |
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This page may be copied if more space is required.

SCHEDULE III — LIABILITIES

Name Marshall C. Sanford

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furnitively. ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

| _ | SP, DC, | Exam | No | | | |
|---------------------|---|--|------|-------|---|---|
| | Creditor | Example: First Bank of Wilmington, DE | None | | 9 | |
| | Date Liability Incurred mo/year | May 1998 | | | - | |
| | Type of Liability | Mortgage on 123 Main Street, Dover, DE | | | | |
| \prod | \$10,001— \$15,000 > | | | | | - |
| 11 | \$50,000 W | | | | | |
| 11 | \$100,000 \$100,001— \$250,000 | × | | _ | | |
| Amount of Liability | \$250,001— \$500,000 m | | | | | |
| Liabi | \$500,001— \$1,000,000 | | | | | |
| $\{ \}$ | \$1,000,001— \$5,000,000 • • • • • • • • • • • • • • • • | | | | | |
| | \$25,000,000 - | | | | | |
| | \$50,000,000 C | | | | | |

SCHEDULE IV — POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise,

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature

| and positions solely of all noticially nature. | latule: |
|--|---|
| Position | Name of Organization |
| Contributor | Fox News |
| Board Member/Director | Lending Tree |
| Board Member/Director | Coastal Forest Resources |
| Member | Various Farm/Real Estate Partnerships (Brick 21 LLC, Blue Creek Capital, Cotton Hope LLC, |
| | Sanford Land Co, Smith Tract LLC, Blind John LLC, Kings Plaza LLC, Big Tree Rd LLC) |

SCHEDULE V — AGREEMENTS

Name Marshall C. Sanford

Page 6 of 6

| Date | | Parties To | Terms of Agreement |
|------|------|------------|--------------------|
| | None | | |
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SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

| Source (Name and Address) | Brief Description of Duties |
|---|-----------------------------|
| Example: Doe Jones & Smith, Hometown, Homestate | Accounting services |
| None | |
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